

032604

13142 U.S. PTO

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

17513 U.S. PTO
10/810548

032604

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	98/07179Reissue
	First Named Inventor	Paul Uitenbroek
	Original Patent Number	6,360,719
	Original Patent Issue Date (Month/Day/Year)	3/26/02
	Express Mail Label No.	EV 368 069 203 US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
see preliminary amendment
11. ☐ Original Patent Grant
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: **Assignment with Recordation Form**

18. CORRESPONDENCE ADDRESS



Customer Number:

30996

OR ☐

Correspondence address below

Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

Name (Print/Type)	Robert W. Becker	Registration No. (Attorney/Agent)	26,255
Signature	<i>Robert W. Becker</i>	Date	March 26, 2004

"Express Mail" Mailing Label Number EV 368 069 203 US

Date of Deposit March 26, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents, Alexandria, Virginia 22313-1450, Mails Stop Reissue

Mary Ann Copas, Secretary

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

98/07179Reissue

Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 31	*** 11 =	x \$ 9 =	99	or	x \$ ____ =	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 6	* 2 =	x \$ 43 =	86		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$385			\$ ____
Total Filing Fee					\$570		OR	\$ ____

Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =			x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee							OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-1653, now or in the future
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ \$610.00 to cover the filing/additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached. \$570.00 filing fee
\$ 40.00 assignment fee**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**March 26, 2004

Date

26,255

Registration Number, if applicable

Robert W. Becker
Signature of Applicant, Attorney or Agent of RecordRobert W. Becker
Typed or printed name"Express Mail" Mailing Label Number EV 368 069 203 USDate of Deposit March 26, 2004

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Mary Ann Copas
Mary Ann Copas, Secretary